

**Testimony in support of Senate Joint Resolution 5: February 12, 2007**

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On behalf of the Department of Public Health and Human Services, we are testifying in support of Senate Joint Resolution 5. We would like to address a number of important issues regarding this bill.

**Why study Montana's emergency care system?**

What if there's an emergency and nobody comes? There are over 4,500 EMTs on 115 quick response units, 135 ambulance services, 7 fixed wing and 6 rotor wing emergency services. There are many more EMTs that are members of fire departments, search and rescue units, law enforcement agencies and other emergency services. However, the majority of these EMTs are volunteers in rural communities.

With those numbers, you would think that when you call 9-1-1 for a medical emergency, there would always be someone to respond and help. Unfortunately, many communities are facing the question – what if there's an emergency and nobody comes. These are numerous factors contributing to a crisis for emergency medical services in Montana:

- Lack of volunteers in rural towns of Montana with ever decreasing populations
- Current volunteers who are overworked and tired
- Many two-income families who are working just to stay ahead and can't volunteer
- Entire crews who are working and unavailable to respond during the day
- Training and education challenges

**What are some of the challenges to Montana's EMS and emergency care system?**

We need to find ways to recruit more volunteers. While there are numerous challenges, recruitment and retention is of critical concern. In a recent survey of EMTs and EMS services, 90% of respondents reported that recruiting volunteers is somewhat-to-very difficult and it is one of their greatest challenges. The average age of an EMT in this state is around 47 years old. In a conversation with an EMT a couple of weeks ago, she reported she is 'over 70 years old' and the other primary provider on the service is also over 70 years old. She related a conversation with her husband in which he observed, "You're just

going to keep going until you can't go any longer, aren't you?" She had to agree with him and she discussed with me how the service had few EMTs and if she and when she and her partner do have to quit, she's was afraid the service will fold. There are many EMTs who are 50, 60 and 70 years old and we must find ways to recruit and educate new EMTs to replace them because soon these EMTs will be needing EMS instead of providing EMS.

We need to find ways to keep the limited volunteers we have now. Retaining EMTs is just as critical as recruiting them. In a recent study of how long EMTs maintain their license, it was found that many EMTs who become licensed lasted only a couple of years due to some of the challenges already mentioned above. Thereafter, there is another drop-off of EMTs who do not remain active past 5 years. Finally, there is a dramatic drop-off of EMTs who remain licensed more than 10 years.

While rural EMS is dependant upon volunteers, recruitment and retention is a serious problem for many paid services in our more 'urban' communities also. Many times, these services are the support and backup for surrounding volunteer services, but long hours, a non-existent career ladder and salaries that are not competitive with other health professions presents difficult recruitment and retention challenges for these paid services also.

We need to develop an education system for our volunteers that offers local, quality, cost effective education for EMTs. A challenge for our EMS services is the initial and ongoing education of EMTs. It takes 120 to 200 hours to conduct even a basic EMT course – and much more to teach advanced skills. A typical class runs a couple of nights a week (and some weekends) for months so that the students can test for their license and finally be able to volunteer in their community. Many communities can no longer support their own courses and some prospective EMTs are forced to travel to surrounding towns for their education – with the time and cost of this travel being born out of their own pockets. We need to find better ways to educate our volunteers – e.g. trying new things like a consortium of northeastern Montana services that is conducting an EMT course utilizing some distance learning technologies.

We need to develop a funding strategy which helps insure the basic viability of these critical emergency care resources. Most services struggle with funding for even basic operations. A new ambulance costs well over \$100,000 (without equipment and radios) and therefore many of our

volunteer services maintain ambulances that are 10, 15 and 20 years old – **emergency vehicles** that are much older than the cars many of us drive to work every day. Many EMTs volunteer not only their time to train and respond to medical emergencies, but some also dedicate time to bake sales and other fund raising activities in order to meet their basic needs. Remember the '70 year old EMT' mentioned above - she wasn't worried as much about her age as the need to find a couple of hundred dollars for a suction machine – a basic lifesaving tool every service needs. A service we met with last summer is located in a very remote, rugged part of southeastern Montana. Because of rising fuel and other costs, they had to give up their \$50/month satellite phone subscription and they now are at times without communications with the hospital which is 30 miles away from their community.

### **Why is it important to create an interim committee to study this issue?**

Some 30 years ago, Montana's legislature became engaged with the need for an EMS system and declared in 50-6-101 MCA – "The public welfare requires the providing of assistance and encouragement for the development of a comprehensive emergency medical services program for Montanans who each year are dying and suffering permanent disabilities needlessly because of inadequate emergency medical services. The repeated loss of persons who die unnecessarily because necessary life-support personnel and equipment are not available to victims of accidents and sudden illness is a tragedy that can and must be eliminated."

Much is already known about the problems and challenges of our EMS systems – there have been several studies and an EMS System Task Force with representation from many stakeholders has been meeting for months. What is needed now is a concerted study of the solutions and strategies to solve these issues.

To solve challenges to Montana's emergency care and EMS system, EMS services, healthcare facilities, city and county governments and citizens need to become engaged. We thank Senator Brueggeman for inviting this legislature to also become engaged. Montana's EMS system as we know it has not yet collapsed, but there are many communities truly in crisis. Until some months ago, when someone in the Rock Creek area between here and Missoula called 9-1-1, a local ambulance service responded to that call for help. Because of some of the challenges we've mentioned, there no longer is

an ambulance service in Rock Creek and now when there's an emergency, it takes a lot longer for help to arrive.

What if there is an emergency and nobody comes? This is an opportune time for this legislature to become engaged with others in answering this question and with the development of a comprehensive emergency medical system for Montanans. Senator Brueggeman, Mr. Chairman, members of the committee – thank you for the opportunity to testify and we urge a do pass on Senate Joint Resolution 5.